

15915 U.S. PTO
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Atty. Dkt. No. 057491-0758

22388 U.S. PTO
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Brian LEYLAND-JONES
Title: METHODS FOR TREATING LUNG CANCER USING INSULIN-LIKE
GROWTH FACTOR BINDING PROTEIN-3
Appl. No.: Unknown
Filing Date: September 11, 2003
Examiner: Unknown
Art Unit: Unknown

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

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Canada

which claims priority to U.S. Provisional Application No. 60/409,852 filed on September 11, 2002, the entire disclosure of which is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

[X] Applicant claims small entity status under 37 C.F.R. § 1.27.

Enclosed are:

[X] Specification, Claim(s), and Abstract (21 pages).

[X] Formal drawings (6 sheets, Figures 1, 2, 3, 4, 5A & 5B).

☒ Application Data Sheet (37 C.F.R. § 1.76).

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$750.00		\$750.00
Total Claims:	9	-	20	=	0	x	\$18.00	=	\$0.00
Independent ents:	1	-	3	=	0	x	\$84.00	=	\$0.00
If any Multiple Dependent Claim(s) present:						+	\$280.00	=	\$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration and late payment of filing fee						+	\$130.00	=	\$130.00
							SUBTOTAL:	=	\$880.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):								=	\$440.00
							TOTAL FILING FEE:	=	\$440.00

☐ A check in the amount of \$0.00 to cover the filing fee is enclosed.

☒ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

☐ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

9/11/03

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By



Beth A. Burrous

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